



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•WJD004948188

INSTALLATION ADDRESS

PITT-CONSOL CHEMICAL COMPANY
191 DOREMUS AVENUE
NEWARK, NJ 07105

191 DOREMUS AVE
NEWARK, NJ 07105

ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

NJ0004948188

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

~~CONTINENTAL OIL CO INC~~
~~191 DOREMUS AVE~~
NEWARK, NJ 07105

III. LOCATION OF INSTALLATION

191 DOREMUS AVE
NEWARK, NJ 07105

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F NJ0004948188 T/A C 31

800818

I. NAME OF INSTALLATION

P I T T - C O N S O L C H E M I C A L C O M P A N Y

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 1 9 1 D O R E M U S A V E N U E

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 R E V E L T W I L L I A M S R P R O C E S S E N G

2 0 1 - 3 4 4 - 3 8 0 0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 C O N O C O I N C

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

S	W	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 4 23 - 26	3 F 0 0 5 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 1 3 23 - 26	32 U 0 5 2 23 - 26	33 U 0 5 4 23 - 26	34 U 1 0 1 23 - 26	35 U 1 5 4 23 - 26	36 U 1 8 8 23 - 26
37 U 2 2 0 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)


X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

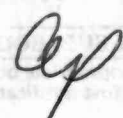
DATE SIGNED



 Harry D. Garrison
Plant Manager

8-14-80

EPA Form 8700-12 (6-80) REVERSE





ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/17/92

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EPA I.D. NUMBER -> NJD004948188

FACILITY NAME -> DUPONT CHEMICALS - PITT CONSOL

MAILING ADDRESS -> 1007 MARKET ST B-1222B
WILMINGTON, DE 19898

INSTALLATION ADDRESS -> 191 DOREMUS AVE
NEWARK, NJ 07105

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BUTLER, BRANDT
REMED PROG MGR
DUPONT CHEMICALS - PITT CONSOL
1007 MARKET ST B-1222B
WILMINGTON, DE 19898



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/17/92

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EPA I.D. NUMBER -> NJD004948188

FACILITY NAME -> DUPONT CHEMICALS - PITT CONSOL

MAILING ADDRESS -> 1007 MARKET ST B-12228
WILMINGTON, DE 19898

INSTALLATION ADDRESS -> 191 DOREMUS AVE
NEWARK, NJ 07105

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: BUTLER, BRANDT
REMED PROG MGR
DUPONT CHEMICALS - PITT CONSOL
1007 MARKET ST B-12228
WILMINGTON, DE 19898

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Fedoff (change) contact
United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

MSD004948188

II. Name of Installation (Include company and specific site name)

DUPONT CHEMICALS-PITT CONSOL

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

191 DOREMUS AVE

Street (continued)

City or Town

NEWARK

State

ZIP Code

NEJ07105-

County Code

County Name

USA

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

B-12228 1007 MARKET STREET

City or Town

WILMINGTON

State

ZIP Code

DE19898-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

BUTLER

(first)

BRANDT

Job Title

REMEDIATION MGR.

Phone Number (area code and number)

302-773-4237

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



B-12228 1007 MARKET ST.

City or Town

WILMINGTON

State

ZIP Code

DE19898-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

DUPONT CHEMICALS

Street, P.O. Box, or Route Number

B-12228, 1007 MARKET STREET

City or Town

WILMINGTON

State

ZIP Code

DE19898-

Phone Number (area code and number)

302-773-4237

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

7/29/92 191 Doremus Ave is now a vacant lot. No one is at the site as per Andy of Dupont. Brent Butler is the new contact in reference to info on the vacant lot.

NEW YORK
JAN 1 1964

DEPT. OF COMMERCE
WASHINGTON
20540
U.S.A.

1-12-64
WASHINGTON
DEPT. OF COMMERCE
WASHINGTON
20540
U.S.A.

1-12-64
WASHINGTON
DEPT. OF COMMERCE
WASHINGTON
20540
U.S.A.

1-12-64
WASHINGTON
DEPT. OF COMMERCE
WASHINGTON
20540
U.S.A.

NJ0004948188

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
X003					

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature P. Brandt Butler	Name and Official Title (type or print) P. Brandt Butler, Remediation Program Manager	Date Signed July 24, 1992
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

C₂H₄

C



RCRIS NOTIFICATION DATA DISCREPANCY FORM

Information from RCRIS

Facility Name: Dupont Chemical
Facility EPA ID Number: NJD004948188
Facility Address: 191 Doremus Avenue
City: Newark St: NJ Zip: _____
Mailing Address: _____
City: N/A St: _____ Zip: _____
Facility Contact: N/A Phone: - -
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LQG/SQG) _____
Other: _____

New Information (make change to "E" record only)

Facility Name: _____
Facility EPA ID Number: _____
Facility Address: _____
City: _____ St: _____ Zip: _____
Mailing Address: _____
City: _____ St: _____ Zip: _____
Facility Contact: _____ Phone: - -
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LQG/SQG) _____
Other: *Company no longer at site -> currently an empty lot.*

In response to this request, please modify RCRIS Handler Notification Data for the following:

General Generator Information:

Facility Name	EPA ID Number
Facility Address	Mailing Address
Facility Contact	Phone
SIC Code(s)	Waste Code(s)
Other	

Add/Change Generator Status Codes:

C	#	
	1	conditionally exempt Small Quantity Generator
	2	Definitionally Excluded Wastes
	3	Delisted Wastes
	4	One-time Hazardous Waste Generator
	5	Periodic Hazardous Waste Generator

C	#	
	6	No longer Generates HW; Still in Business
X	7	No longer Generates HW; Out of Business
	8	Never Generated Hazardous Waste
	9	ID Number to Transport Non-Hazardous Waste
	1	Regulated Under Another ID
	0	Number(s) (list below)

Contact: K. few Phone: ext 3155
Effective Date of Change: 6/24/96

Initials/Signature/Date

Date

7/3/96 BO

CONFIDENTIAL

SECRET

SECRET

SECRET